



NORMANDIE
HOTEL

COLEGIO DE MÉDICOS VETERINARIOS DE PUERTO RICO

XXIII Annual Convention

July 24-26, 2009

Signature on File

RATE

\$125.00 Single or Double Room, plus tax and other charges (government tax is 9%, hotel fee is 10%, bellman is \$2.50 per person round-trip, and maid \$0.50 per person per day. There is a charge \$30.00 per additional person in the room. Maximum of three (3) people allow in the room).

Credit Card Holder's Name: _____

Credit Card Number: _____

Sec. Code: _____

Expiration Date: _____

Confirmation Number: _____

Guest's Name: _____

Telephone Number: _____

Arrival Date: _____

Departure Date: _____

Comments: _____

Room & Tax: ____ All Charges: ____ Others: ____ Bell & Maid: ____

Authorized Signature: _____ Date: _____

Note: Please print information clearly. **In addition to this form you must present/fax a copy of both sides of credit card above. The numbers on the card must be legible.**

Copy of personal i.d./Return Fax to: 787-725-1923

RESERVATIONS MUST BE RECEIVED BY JUNE 20, 2009.

RESERVATIONS RECEIVED AFTER THIS DATE WILL BE SUBJECT TO AVAILABILITY.